

Response to letter to Editor, Lancet Oncology.

Manuscript Number: THELANCETONCOLOGY-D-17-00164

Title: Padeliporfin vascular-targeted photodynamic therapy versus active surveillance in men with low-risk prostate cancer

Dear Editor,

We are most grateful to Yan and colleagues for their comments (1).

Most of their points relate to the very challenging issue of having to design a prospective study within a regulatory framework in an area that is undergoing rapid change (2).

The first point relates to existing practice guidelines that seek to inform the practice of focal therapy. The consensus statement referred to by Yan (ME was a panelist) was published long after we had completed recruitment. Our task was to design a study that was ethical, feasible, and acceptable to patients at a time when prostate magnetic resonance imaging (MRI) and template prostate biopsy were hardly used and when active surveillance was viewed by most as 'experimental'. We had no option but to use the diagnostic pathway that was standard at the time – one that we now know to be very deficient (3). We agree with Yan and colleagues – and indeed made this clear in the paper – that the study would look very different if designed today.

The second point highlights legitimate challenges in sampling treated tissue. In defense, the treated tissue – always less in volume – was subject to standard sampling and, as a result, was exposed to an increased sampling density compared to non-treated tissue. We feel this is reasonable mitigation and introduced a bias that resulted in a selective over-sampling of the key region of interest. Today we would, of course, do MRI-targeting (4,5).

In relation to the third point, our intervention was standardized to a hemi-ablation of the prostate. As a result, all men randomized to intervention had anterior, mid and posterior sectors of their prostate treated. This approach proved feasible and safe – and, indeed, was subject to a quality control by means of post-treatment MRI. No patient sustained a rectal injury.

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on behalf of the PCM301 study investigators.

Acknowledgements

ME is a recipient of research support from the United Kingdom's National Institute of Health Research (NIHR) UCLH/UCL Comprehensive Biomedical Centre. He was awarded NIHR Senior Investigator status in 2015.

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